NOV 1 7 2005

: "O/SB/82 (09-03)

Approved for use through 11/3D/2DI | OMB 0661-0035

U.S. Patent and Trademark Office; U.S. DEPARTMEN | OF COMMERCE
on Act of 1995, no persons are required to respond to a collection of information unless; if displays a valid O | 1 control number.

REVENTION OF POWER OF **ATTORNEY WITH** NEW POWER OF ATTORNEY **AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number 09/781,001 Filing Date February 9, 2001 First Named Inventor Michael B. Stennicke Art Unit 2141 **Examiner Name** Kristie D. Shingles Attorney Docket Number 501153.2050*5*

I hereby revoke all previous powers of attorney given in the above-identified application.		
A Power of Attorney is submitted herewith.		
OR I hereby appoint the practitioners associated with the	Customer Number: 026418	
i hereby appoint the practitioners associated with the	Sustomer (4umber)	
Please change the correspondence address for the above-identified application to: The address associated with Customer Number 026418		
	226418	
OR .		
Firm or Individual Name		
Address		54.0
Address		
City	State Zip	
Country		
Telephone	Fax	
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
SIGNATURE of Applicant or Assignee of Record		
Name Michael B. Stepnicke		
Signature ////		
Date 30-8-2005	Telephone 44/79258/6	10
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if i are than one signature is required, see below.		
Total of 1 forms are submitted.		

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (1 d by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to 11 option, properting, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. An amments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office. U.S. Petent and Tradomark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED 1 DRMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-8199 and select option 2.